



QUARTERLY STATEMENT

AS OF JUNE 30, 2022  
OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC

NAIC Group Code	00572	(Current Period)	,	00572	(Prior Period)	NAIC Company Code	11557	Employer's ID Number	47-2582248
Organized under the Laws of	Michigan					State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]		Hospital, Medical & Dental Service or Indemnity [ ]				
	Dental Service Corporation [ ]		Vision Service Corporation [ ]		Health Maintenance Organization [ X ]				
	Other [ ]				Is HMO Federally Qualified? Yes [ ] No [ X ]				
Incorporated/Organized	12/18/2014		Commenced Business		01/01/2003				
Statutory Home Office	4000 Town Center, Suite 1300				Southfield, MI, US 48075				
	(Street and Number)				(City or Town, State, Country and Zip Code)				
Main Administrative Office	200 Stevens Drive		Philadelphia, PA, US 19113		215-937-8000				
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)				
Mail Address	4000 Town Center, Suite 1300				Southfield, MI, US 48075				
	(Street and Number or P.O. Box)				(City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	200 Stevens Drive		Philadelphia, PA, US 19113		215-937-8000				
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)				
Internet Web Site Address	MiBlueCrossComplete.com								
Statutory Statement Contact	Michael Andrew Hendel				248-663-7329				
	(Name)				(Area Code) (Telephone Number) (Extension)				
	mhendel@MiBlueCrossComplete.com				248-663-7475				
	(E-Mail Address)				(FAX Number)				

OFFICERS

Name	Title	Name	Title
Michael John Burgoyne	Treasurer	Robert Edward Tootle, Esquire	Secretary
Kathy Combs Warner #	President		

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Eileen Mary Coggins	Rebecca Jane Engelman	Tricia Ann Keith	Lynda Marie Rossi
Cathy Ann Flowers			

State of .....Pennsylvania.....

County of .....Philadelphia.....

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The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael John Burgoyne Treasurer	Robert Edward Tootle, Esquire Secretary	Kathy Combs Warner President
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a. Is this an original filing? Yes [ X ] No [ ]

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

Subscribed and sworn to before me this

day of August, 2022

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....			0	0
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....301,626,777 ), cash equivalents (\$ .....52,118,605 ) and short-term investments (\$ .....39,364,243 ) .....	393,109,625		393,109,625	414,815,005
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	393,109,625	0	393,109,625	414,815,005
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	18,265		18,265	10,825
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	62,957,289		62,957,289	22,181,335
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	1,093,611	188,460	905,151	839,917
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	1,097,060	1,097,060	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	131	131	0	0
24. Health care (\$ .....7,275,761 ) and other amounts receivable .....	8,525,181	1,249,420	7,275,761	7,434,340
25. Aggregate write-ins for other-than-invested assets .....	2,290,471	2,290,471	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	469,091,633	4,825,542	464,266,091	445,281,422
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	469,091,633	4,825,542	464,266,091	445,281,422
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaid Expenses .....	120,559	120,559	0	0
2502. Intangible Asset .....	562,500	562,500	0	0
2503. Leasehold Improvement .....	1,555,894	1,555,894	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	51,518	51,518	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	2,290,471	2,290,471	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	151,255,508		151,255,508	147,315,720
2. Accrued medical incentive pool and bonus amounts .....	3,273,890		3,273,890	2,634,275
3. Unpaid claims adjustment expenses .....	1,794,910		1,794,910	1,816,741
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act .....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....	2,412,212		2,412,212	2,252,867
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	949,871		949,871	554,499
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....	112,172,427		112,172,427	112,222,644
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	11,407,541		11,407,541	8,389,044
16. Derivatives.....			0	0
17. Payable for securities .....	2,797,871		2,797,871	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	17,951,995	0	17,951,995	18,004,420
24. Total liabilities (Lines 1 to 23).....	304,016,225	0	304,016,225	293,190,210
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX		0
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	54,000,001	54,000,001
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	106,249,865	98,091,211
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	160,249,866	152,091,212
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	464,266,091	445,281,422
DETAILS OF WRITE-INS				
2301. Stale Dated Checks.....	685,669		685,669	738,094
2302. Insurance Provider Assessment.....	17,266,326		17,266,326	17,266,326
2303. ....			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	17,951,995	0	17,951,995	18,004,420
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	1,988,631	1,831,886	3,755,550
2. Net premium income (including \$ non-health premium income).....	XXX	670,070,402	589,062,545	1,231,752,619
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	43,420	18,773	39,149
8. Total revenues (Lines 2 to 7) .....	XXX	670,113,822	589,081,318	1,231,791,768
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		329,436,333	307,840,989	647,600,829
10. Other professional services .....		27,917,227	24,477,452	53,251,329
11. Outside referrals .....		3,995,491	3,278,458	5,517,735
12. Emergency room and out-of-area .....		34,696,099	32,195,827	63,558,444
13. Prescription drugs .....		153,300,610	114,508,268	249,453,598
14. Aggregate write-ins for other hospital and medical.....	0	3,212,532	4,111,838	7,698,816
15. Incentive pool, withhold adjustments and bonus amounts.....		3,393,823	1,347,516	3,000,162
16. Subtotal (Lines 9 to 15) .....	0	555,952,115	487,760,348	1,030,080,913
<b>Less:</b>				
17. Net reinsurance recoveries .....			0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	555,952,115	487,760,348	1,030,080,913
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 10,062,155 cost containment expenses.....		17,602,267	15,928,530	32,376,977
21. General administrative expenses.....		83,974,301	74,655,333	149,911,108
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	657,528,683	578,344,211	1,212,368,998
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	12,585,139	10,737,107	19,422,770
25. Net investment income earned .....		758,338	57,029	64,877
26. Net realized capital gains (losses) less capital gains tax of \$ .....		(2,818)	3,065	2,323
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	755,520	60,094	67,200
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....			0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	13,340,659	10,797,201	19,489,970
31. Federal and foreign income taxes incurred .....	XXX	2,987,142	2,461,872	4,290,157
32. Net income (loss) (Lines 30 minus 31) .....	XXX	10,353,517	8,335,329	15,199,813
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX		0	0
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. Administrative Service Revenue.....	XXX	43,420	18,773	39,149
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	43,420	18,773	39,149
1401. Durable Medical Equipment.....			946,439	946,439
1402. Alternative Medical Cost.....		1,603,450	1,243,505	3,042,000
1403. Consumer Incentives.....		135,586	80,939	195,241
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	1,473,496	1,840,955	3,515,136
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	3,212,532	4,111,838	7,698,816
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	152,091,212	134,187,592	134,187,592
34. Net income or (loss) from Line 32 .....	10,353,517	8,335,329	15,199,813
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	34,658	(412,424)	(480,339)
39. Change in nonadmitted assets .....	749,043	2,822,133	3,184,146
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	(2,978,564)	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	8,158,654	10,745,038	17,903,620
49. Capital and surplus end of reporting period (Line 33 plus 48)	160,249,866	144,932,630	152,091,212
<b>DETAILS OF WRITE-INS</b>			
4701. SSAP 3 (2021 year) Correction Of Error.....	(2,978,564)	0	0
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(2,978,564)	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	625,524,114	583,664,880	1,271,816,748
2. Net investment income .....	750,898	114,003	129,922
3. Miscellaneous income .....	43,420	18,773	39,149
4. Total (Lines 1 to 3) .....	626,318,432	583,797,656	1,271,985,819
5. Benefit and loss related payments .....	551,469,782	473,166,833	993,583,701
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	97,496,658	48,152,886	172,303,483
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	1,800,000	800,000	2,380,000
10. Total (Lines 5 through 9) .....	650,766,440	522,119,719	1,168,267,184
11. Net cash from operations (Line 4 minus Line 10) .....	(24,448,008)	61,677,937	103,718,635
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	6,813,000	8,608,000
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	(2,818)	3,880	2,940
12.7 Miscellaneous proceeds .....	2,797,871	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	2,795,053	6,816,880	8,610,940
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	0
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0	0
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	2,795,053	6,816,880	8,610,940
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	(52,425)	(251,940)	31,490
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(52,425)	(251,940)	31,490
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(21,705,380)	68,242,877	112,361,065
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	414,815,005	302,453,940	302,453,940
19.2 End of period (Line 18 plus Line 19.1) .....	393,109,625	370,696,817	414,815,005

STATEMENT AS OF JUNE 30, 2022 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	324,160	.0	.0	.0	.0	.0	.0	.0	324,160	.0
2. First Quarter .....	329,370	.0	.0	.0	.0	.0	.0	.0	329,370	.0
3. Second Quarter .....	338,217	.0	.0	.0	.0	.0	.0	.0	338,217	.0
4. Third Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current Year	0									
6. Current Year Member Months	1,988,631								1,988,631	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	908,338								908,338	
8. Non-Physician .....	412,590								412,590	
9. Total	1,320,928	0	0	0	0	0	0	0	1,320,928	0
10. Hospital Patient Days Incurred	75,782								75,782	
11. Number of Inpatient Admissions	13,109								13,109	
12. Health Premiums Written (a).....	670,070,402								670,070,402	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	670,070,402								670,070,402	
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	551,372,712								551,372,712	
18. Amount Incurred for Provision of Health Care Services	555,952,115								555,952,115	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental only .....					0	0
4. Vision only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....					0	0
7. Title XIX - Medicaid .....	99,763,595	457,380,090	19,944,164	131,311,344	119,707,759	147,315,720
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8).....	99,763,595	457,380,090	19,944,164	131,311,344	119,707,759	147,315,720
10. Health care receivables (a) .....	130,223	8,394,958			130,223	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	2,754,208		1,250,615	2,023,275	4,004,823	2,634,275
13. Totals (Lines 9-10+11+12)	102,387,580	448,985,132	21,194,779	133,334,619	123,582,359	149,949,995

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

STATEMENT AS OF JUNE 30, 2022 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

1. Summary of Significant Accounting Policies and Going Concern

- A. Accounting Practices  
The financial statements of Blue Cross Complete of Michigan LLC, (the Company) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS).

The Michigan DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Michigan Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Michigan. The State has adopted certain prescribed or permitted accounting practices that differ from those found in NAIC SAP. Specifically, the State requires maternity care receivables due from the Department of Community Health to be reported on the health care and other amounts receivable line on page 2 of the Annual Statement. In NAIC SAP, this receivable is reported on the uncollected premiums and agents' balances in the course of collection line. This reclass does not have any monetary effect on net income, surplus or risk based capital. Also, effective January 1, 2018 DIFS requires Passthrough funds to be presented net within general administrative expenses. In NAIC SAP, the Passthrough funds would be reflected gross in revenue and medical expense. This reclass does not have a monetary effect on net income and surplus, nor prevents a regulatory event with regards to risk based capital.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

Net Income	SSAP #	F/S Page	F/S Line#	2022	2021
(1) Blue Cross Complete of Michigan LLC state basis (Page 4, Line 32, Columns 2 & 3).....				\$10,353,517	\$15,199,813
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP .....					
Net effect of Passthrough revenue and medical expense reclass to G&A expenses .....	00	4	2,14,21	\$0	\$0
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP .....				\$0	\$0
(4) NAIC SAP (1-2-3=4) .....				<u>\$10,353,517</u>	<u>\$15,199,813</u>
SURPLUS .....					
(5) Blue Cross Complete of Michigan LLC state basis (Page 3, Line 33, Columns 3 & 4) .....				\$160,249,866	\$152,091,212
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP .....					
Maternity case receivables reported as health care receivables .....	00	2	15.1, 24	\$0	\$0
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP .....				\$0	\$0
(8) NAIC SAP (5-6-7=8) .....				<u>\$160,249,866</u>	<u>\$152,091,212</u>

- B. Use of Estimates in the Preparation of the Financial Statements - No significant changes since December 31, 2021.

- C. Accounting Policy  
The Company uses the following accounting policies:
- Short-term investments - No significant changes since December 31, 2021.
  - Bonds - None
  - Common Stocks - None
  - Preferred Stock - None
  - Mortgage Loans - None
  - Loan-backed securities - None
  - Investments in subsidiaries, controlled and affiliated (SCA) entities – None
  - Investments in joint ventures, partnerships and limited liability companies – None
  - Derivatives – None
  - Anticipated investment income as a factor in premium deficiency calculation – None
  - Accrued Medical Expense/Unpaid Claim Adjustment Expense – No significant changes since December 31, 2021.
  - Fixed asset capitalization policy modifications – No significant changes since December 31, 2021.
  - Pharmaceutical Rebates - No significant changes since December 31, 2021..

- D. Going Concern - None

2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors - In accordance with Statement of Statutory Accounting Principles (SSAP) No.3, *Accounting Changes and Corrections of Errors*, the Company discovered an error in compiling and reporting premiums revenue for the prior year. In the prior year, premiums receivable (Asset Page, Line 15.1) and net premium income (Statement of Revenue and Expenses, Line 2) were overstated by \$3,770,334. Line 15.1 on the Asset page and Line 2 on the Statement of Revenue and Expenses have been adjusted in the current year for this error.

3. Business Combinations and Goodwill

- A. Statutory Purchase Method - None  
B. Statutory Merger  
  - Name and brief description of the combined entities - None
  - Method of accounting - None
  - Shares of stock issued in the transaction - None
  - Details of results of operations - None
  - Adjustments recorded directly to surplus - None

C. Assumption Reinsurance - None  
D. Impairment Loss recognized on Business Combinations and Goodwill - None  
E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill - None

4. Discontinued Operations

- A. Discontinued Operations Disposed of or Classified as Held for Sale - None  
B. Change in Plan of Sale of Discontinued Operation - None  
C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal - None  
D. Equity Interest Retained in the Discontinued Operation After Disposal - None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - None  
B. Debt Restructuring -None  
C. Reverse Mortgages - None  
D. Loan-Backed Securities  
  - Prepayment assumptions - None
  - Recognized Other-than-Temporary Impairment - None
  - Present Value of Cash Flows - None
  - All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized:
    - The aggregate amount of unrealized losses - None
    - The aggregate related fair value of securities with unrealized losses - None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None  
F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None  
G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None  
H. Repurchase Agreements Transactions Accounted for as a Sale - None  
I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None  
J. Real Estate - None  
K. Low-income housing tax credits (LIHTC) - None  
L. Restricted Assets  
  - Restricted Assets (Including Pledged) – No significant changes since December 31, 2021.
  - Detail of Assets Pledged as Collateral Not Captured in Other Categories - None
  - Detail of Other Restricted Assets - None
  - Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements - None

M. Working Capital Finance Investments - None  
N. Offsetting and Netting of Assets and Liabilities - None  
O. 5GI Securities - None  
P. Short Sales - None  
Q. Prepayment Penalty and Acceleration Fees - None  
R. Reporting Entity's Share of Cash Pool by Asset Type - None

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of admitted assets - None  
B. Impaired investments in Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

- A. Due and accrued income is excluded from surplus on the following bases - No significant changes since December 31, 2021.  
B. Total amount excluded - No significant changes since December 31, 2021.

8. Derivative Instruments

- A. Derivatives under SSAP No. 86 - *Derivatives* - None  
B. Derivatives under SSAP No. 108 - *Derivative Hedging Variable Annuity Guarantees*  
  - Discussion of hedged item / hedging instruments and hedging strategy - None
  - Recognition of gains/losses and deferred assets and liabilities - None
  - Hedging Strategies Identified as No Longer Highly Effective - None
  - Hedging Strategies Terminated - None

9. Income Taxes - No significant changes since December 31, 2021.

STATEMENT AS OF JUNE 30, 2022 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties
  - A. B. Material related party transactions – None
  - C. Transactions with related parties who are not reported on Schedule Y – None
  - D. Amounts due from or to related parties as of June 30, 2022 – No significant changes since December 31, 2021.
  - E. Material management or service arrangements - No significant changes since December 31, 2021.
  - F. Parental guarantees – None
  - G. Nature of control relationship - No significant changes since December 31, 2021.
  - H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity – None
  - I. Investments in an SCA entity that exceed 10% of admitted assets – None
  - J. Write-downs for impaired investments in SCA entities – None
  - K. Investment in foreign subsidiary calculation – None
  - L. Investment in a downstream noninsurance holding company – None
  - M. All SCA Investments
    - 1. Balance Sheet Value (Admitted and Nonadmitted) All SCAs – None
    - 2. NAIC filing response information – None
  - N. Investment in Insurance SCAs – None
  - O. SCA and SSAP No. 48 Entity Loss Tracking – None
11. Debt
  - A. Capital Notes – None
  - B. Federal Home Loan Bank (FHLB) Agreements – None
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
  - A. Defined Benefit Plan – None
  - B. C. Postretirement Plan Assets – None
  - D. Basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None
  - E. Defined Contribution Plans – None
  - F. Multiemployer Plans – None
  - G. Consolidated/Holding Company Plans – None
  - H. Postemployment Benefits and Compensated Absences – None
  - I. Impact of Medicare Modernization Act on Postretirement Benefits – None
13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
  - A. Common Capital stock outstanding - None
  - B. Preferred stock – None
  - C. Dividend restrictions –
  - D. Dates and amounts of dividends paid – None
  - E. Stockholder's portion of ordinary dividend from profits – None
  - F. Restrictions placed on unassigned funds (surplus) – None
  - G. The total amount of advances to surplus not repaid – None
  - H. The amount of stock held by the Company for special purposes – None
  - I. Changes in balances of special surplus funds from the prior year – None
  - J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses - No significant changes since December 31, 2021.
  - K. Surplus notes – None
  - L. Impact of any restatement due to quasi-reorganization – None
  - M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – None
14. Liabilities, Contingencies and Assessments
  - A. Contingent Commitments – None
  - B. Assessments – None
  - C. Gain Contingencies – None
  - D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
  - E. Joint and Several Liabilities – None
  - F. All Other Contingencies – None
15. Leases
  - A. Lessee Operating Leases
    - 1. General description of lessee's leasing arrangements - No significant changes since December 31, 2021.
    - 2. Minimum aggregate rental commitments - No significant changes since December 31, 2021.
    - 3. Sales leaseback transactions – None
  - B. Lessor Leases
    - 1. Operating Leases – None
    - 2. Leverage Leases - None
16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk
  - A. The face, contract or notional principle amount – None
  - B. The nature and terms of the contract – None
  - C. The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity – None
  - D. The Company's policy of requiring collateral or other security to support financial instruments subject to credit risk – None
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
  - A. Transfers of Receivables reported as Sales – None
  - B. Transfer and Servicing of Financial Assets – None
  - C. Wash Sales – None
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
  - A. ASO Plans - No significant changes since December 31, 2021.
  - B. ASC Plans – None
  - C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – None
20. Fair Value Measurements
  - A. B., Fair value measurement at reporting date
    - 1. Certain assets and liabilities of the Company are measured and reported: (a) at amortized cost, or (b) at values that approximate fair value due to their liquid or short-term nature.
    - 2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
    - 3. Transfers in and/or out of Level 3 – None
    - 4. Fair value measurements categorized within Level 2 and 3 – None
  - C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy - None
  - D. Not Practicable to Estimate Fair Value – None
  - E. Investment measured using the NAV practical expedient – None
21. Other Items
  - A. Unusual or Infrequent Items – None
  - B. Troubled Debt Restructuring: Debtors – None
  - C. Other Disclosures – None
  - D. Business Interruption Insurance Recoveries – None
  - E. State Transferable and Non-transferable Tax Credits – None
  - F. Subprime-Mortgage-Related Risk Exposure – None
  - G. Retained Assets – None
  - H. Insurance-Linked Securities (ILS) Contracts – None
  - I. Amounts that could be realized on Life Insurance where the reporting entity is owner and beneficiary or has otherwise obtained rights to control the policy – None
22. Events Subsequent
  - Type 1 – Recognized subsequent events – None
  - Type 2 – Nonrecognized subsequent events - No significant changes since December 31, 2021..
23. Reinsurance
  - A. Ceded Reinsurance Report – None
  - B. Uncollectible Reinsurance – None
  - C. Commutation of Ceded Reinsurance – None
  - D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
    - 1. Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation – None
    - 2. Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None
  - E. Reinsurance Credit – None
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
  - A. Accrued retrospective premium adjustments – None
  - B. Accrued retrospective premium as an adjustment to earned premium – None
  - C. The amount of net premium written that are subject to retrospective rating features – None
  - D. Medical loss ratio rebates required pursuant to the Public Health Service Act – None
  - E. Risk- Sharing Provisions of the ACA – None
25. Change in Incurred Claims and Claim Adjustment Expens
  - Reserves as of December 31, 2021 were \$151,766,736 for incurred claims and claim adjustment expenses. As of June 30, 2022 \$104,204,321 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$21,194,779 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of \$26,367,636 during 2022 for the year ended December 31, 2021. The favorable reserves developments are attributable to claims settled for amounts less than originally estimated, primarily due to lower health care cost trends as well as the actual claim submission time being faster than assumed in establishing the accrued medical expenses in the prior year. These adjustments are generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.
26. Intercompany Pooling Arrangements – None
27. Structured Settlements – None
28. Health Care Receivables
  - A. Pharmaceutical Rebate Receivables – No significant changes since December 31, 2021.
  - B. Risk Sharing Receivables – None
29. Participating Policies – None
30. Premium Deficiency Reserves - None
31. Anticipated Salvage and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☐ No ☒
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2021
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2016
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/23/2018
- 6.4

By what department or departments?

Pennsylvania Insurance Department
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ NA ☒
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes ☒ No ☐
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes ☐ No ☒
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes ☐ No ☒
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes ☐ No ☒
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

GENERAL INTERROGATORIES

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes ☐ No ☒

11.2 If yes, give full and complete information relating thereto: .....  
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....0

13. Amount of real estate and mortgages held in short-term investments: .....\$ .....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes ☐ No ☒

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....0	\$ .....0
14.22 Preferred Stock .....	\$ .....0	\$ .....0
14.23 Common Stock .....	\$ .....0	\$ .....0
14.24 Short-Term Investments .....	\$ .....0	\$ .....0
14.25 Mortgage Loans on Real Estate .....	\$ .....0	\$ .....0
14.26 All Other .....	\$ .....0	\$ .....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....0	\$ .....0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes ☐ No ☒

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes ☐ No ☐ NA ☒  
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:  
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0  
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0  
16.3 Total payable for securities lending reported on the liability page .....\$ .....0

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? ..... Yes ☒ No ☐

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
PNC Institutional Asset Management.....	116 Allegheny Ctr, Pittsburgh , PA 15212-5333.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes ☐ No ☒

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Michael Burgoyne, who makes recommendations to BOD.....	I.....
Western Asset Management Company.....	U.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? ..... Yes ☒ No ☐

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? ..... Yes ☐ No ☒

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
CRD 110441.....	Western Asset Management Company.....		SEC.....	NO.....

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? ..... Yes ☒ No ☐

18.2 If no, list exceptions: .....  
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:  
Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or  
a. PL security is not available.  
b. Issuer or obligor is current on all contracted interest and principal payments.  
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?..... Yes ☐ No ☒

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

GENERAL INTERROGATORIES

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is
- c. shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?..... Yes [ ] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?..... Yes [ ] No [X]

GENERAL INTERROGATORIES  
PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

84.5 %

1.2 A&H cost containment percent

1.5 %

1.3 A&H expense percent excluding cost containment expenses

12.5 %

2.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$

2.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes ☐ No ☒

3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes ☐ No ☒

## STATEMENT AS OF JUNE 30, 2022 OF THE Blue Cross Complete of Michigan LLC

## SCHEDULE S - CEDED REINSURANCE

### Showing All New Reinsurance Treaties - Current Year to Date

[illegible]



SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories											
States, Etc.		1  Active Status (a)	Direct Business Only								
			2  Accident & Health Premiums	3  Medicare Title XVIII	4  Medicaid Title XIX	5  CHIP Title XXI	6  Federal Employees Health Benefits Program Premiums	7  Life & Annuity Premiums & Other Considerations	8  Property/Casualty Premiums	9  Total Columns 2 Through 8	10  Deposit-Type Contracts
1. Alabama	AL	N								.0	
2. Alaska	AK	N								.0	
3. Arizona	AZ	N								.0	
4. Arkansas	AR	N								.0	
5. California	CA	N								.0	
6. Colorado	CO	N								.0	
7. Connecticut	CT	N								.0	
8. Delaware	DE	N								.0	
9. Dist. Columbia	DC	N								.0	
10. Florida	FL	N								.0	
11. Georgia	GA	N								.0	
12. Hawaii	HI	N								.0	
13. Idaho	ID	N								.0	
14. Illinois	IL	N								.0	
15. Indiana	IN	N								.0	
16. Iowa	IA	N								.0	
17. Kansas	KS	N								.0	
18. Kentucky	KY	N								.0	
19. Louisiana	LA	N								.0	
20. Maine	ME	N								.0	
21. Maryland	MD	N								.0	
22. Massachusetts	MA	N								.0	
23. Michigan	MI	L		.670,070,402					.670,070,402		
24. Minnesota	MN	N								.0	
25. Mississippi	MS	N								.0	
26. Missouri	MO	N								.0	
27. Montana	MT	N								.0	
28. Nebraska	NE	N								.0	
29. Nevada	NV	N								.0	
30. New Hampshire	NH	N								.0	
31. New Jersey	NJ	N								.0	
32. New Mexico	NM	N								.0	
33. New York	NY	N								.0	
34. North Carolina	NC	N								.0	
35. North Dakota	ND	N								.0	
36. Ohio	OH	N								.0	
37. Oklahoma	OK	N								.0	
38. Oregon	OR	N								.0	
39. Pennsylvania	PA	N								.0	
40. Rhode Island	RI	N								.0	
41. South Carolina	SC	N								.0	
42. South Dakota	SD	N								.0	
43. Tennessee	TN	N								.0	
44. Texas	TX	N								.0	
45. Utah	UT	N								.0	
46. Vermont	VT	N								.0	
47. Virginia	VA	N								.0	
48. Washington	WA	N								.0	
49. West Virginia	WV	N								.0	
50. Wisconsin	WI	N								.0	
51. Wyoming	WY	N								.0	
52. American Samoa	AS	N								.0	
53. Guam	GU	N								.0	
54. Puerto Rico	PR	N								.0	
55. U.S. Virgin Islands	VI	N								.0	
56. Northern Mariana Islands	MP	N								.0	
57. Canada	CAN	N								.0	
58. Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal		.XXX	.0	.0	.670,070,402	.0	.0	.0	.0	.670,070,402	.0
60. Reporting entity contributions for Employee Benefit Plans		.XXX								.0	
61. Total (Direct Business)		XXX	0	0	670,070,402	0	0	0	0	670,070,402	0
DETAILS OF WRITE-INS											
58001.		.XXX									
58002.		.XXX									
58003.		.XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.		.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0	.0

(a) Active Status Counts

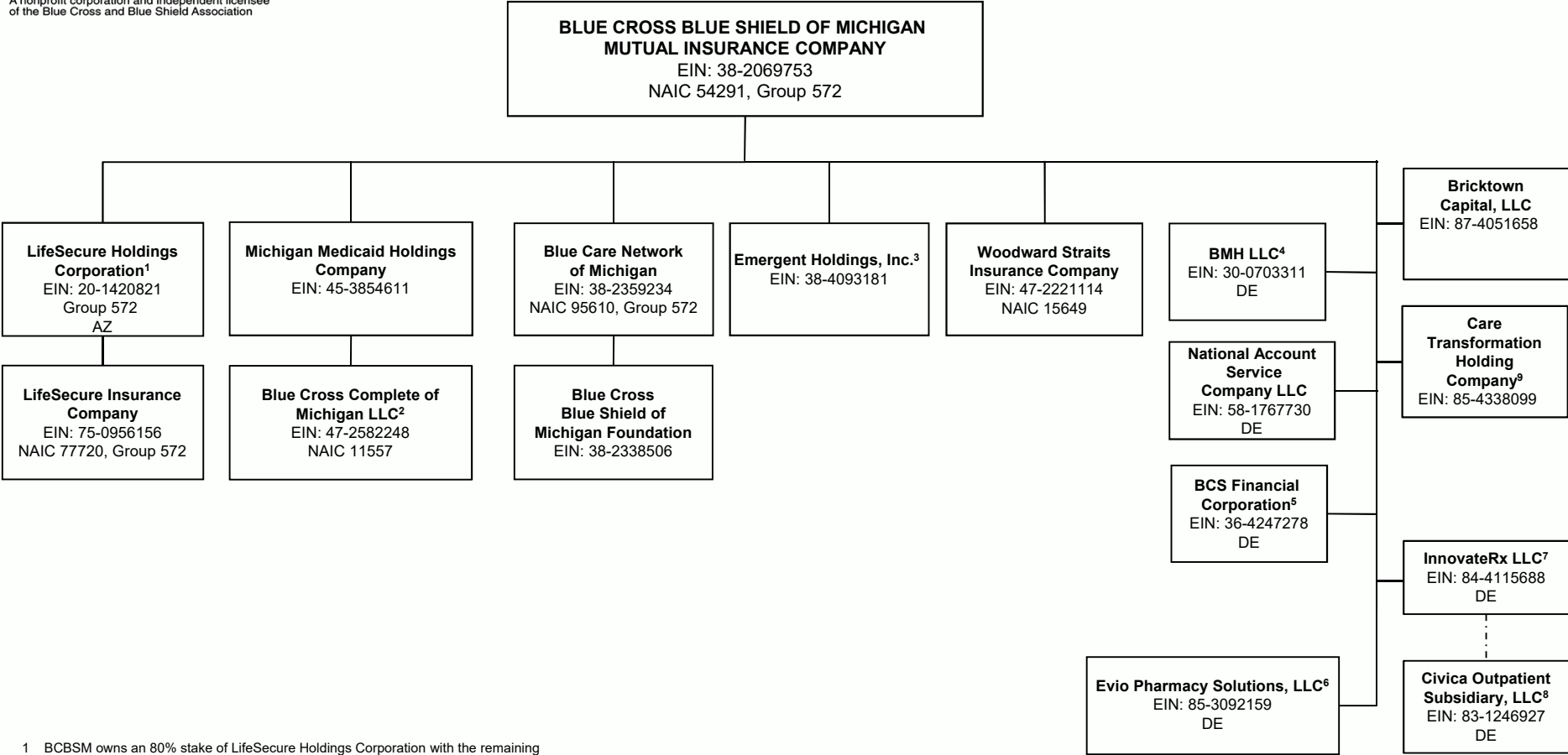
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG .....1 R – Registered – Non-domiciled RRGs .....0  
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state .....0 Q – Qualified – Qualified or accredited reinsurer .....0  
N – None of the above – Not allowed to write business in the state .....56



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

STATEMENT AS OF JUNE 30, 2022 OF THE Blue Cross Complete of Michigan LLC  
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY  
GROUP

PART 1 – ORGANIZATION CHART



1 BCBSM owns an 80% stake of LifeSecure Holdings Corporation with the remaining 20% owned by BCS Financial Corporation.  
2 Michigan Medicaid Holdings Company owns a 50% stake of Blue Cross Complete of Michigan LLC. Remaining 50% stake is owned by AmeriHealth Caritas Health Plan.  
3 See pg. 2 for additional subsidiaries.  
4 See pg. 3 for additional affiliates.  
5 See pg. 4 for affiliated companies.  
6 BCBSM owns a 20% stake of Evio Pharmacy Solutions, LLC.  
7 BCBSM owns a 9.99% stake of InnovateRx LLC.  
8 Innovate Rx LLC does not have an equity ownership in Civica Outpatient Subsidiary, LLC, which is a non-profit company. However, Innovate Rx LLC does have the right to appoint five managers to Civica Outpatient Subsidiary, LLC's board of managers which can range from 6 to 10 managers.  
9 See pg. 5 for additional subsidiaries.

<b>Blue Cross Blue Shield of Michigan Bargaining Unit Internal Health Benefit Trust</b> EIN: 84-6869872
<b>Blue Cross Blue Shield of Michigan Non-Bargaining Unit Internal Health Benefit Trust</b> EIN: 84-6871980
<b>Blue Cross Blue Shield of Michigan Long-Term Disability Trust</b> EIN: 81-6482696
<b>Blue Cross Blue Shield of Michigan Employees' Retirement Master Trust</b> EIN: 30-1140600
<b>Blue Cross Blue Shield of Michigan 401 (K) MASTER TRUST</b> EIN: 38-2069753-096

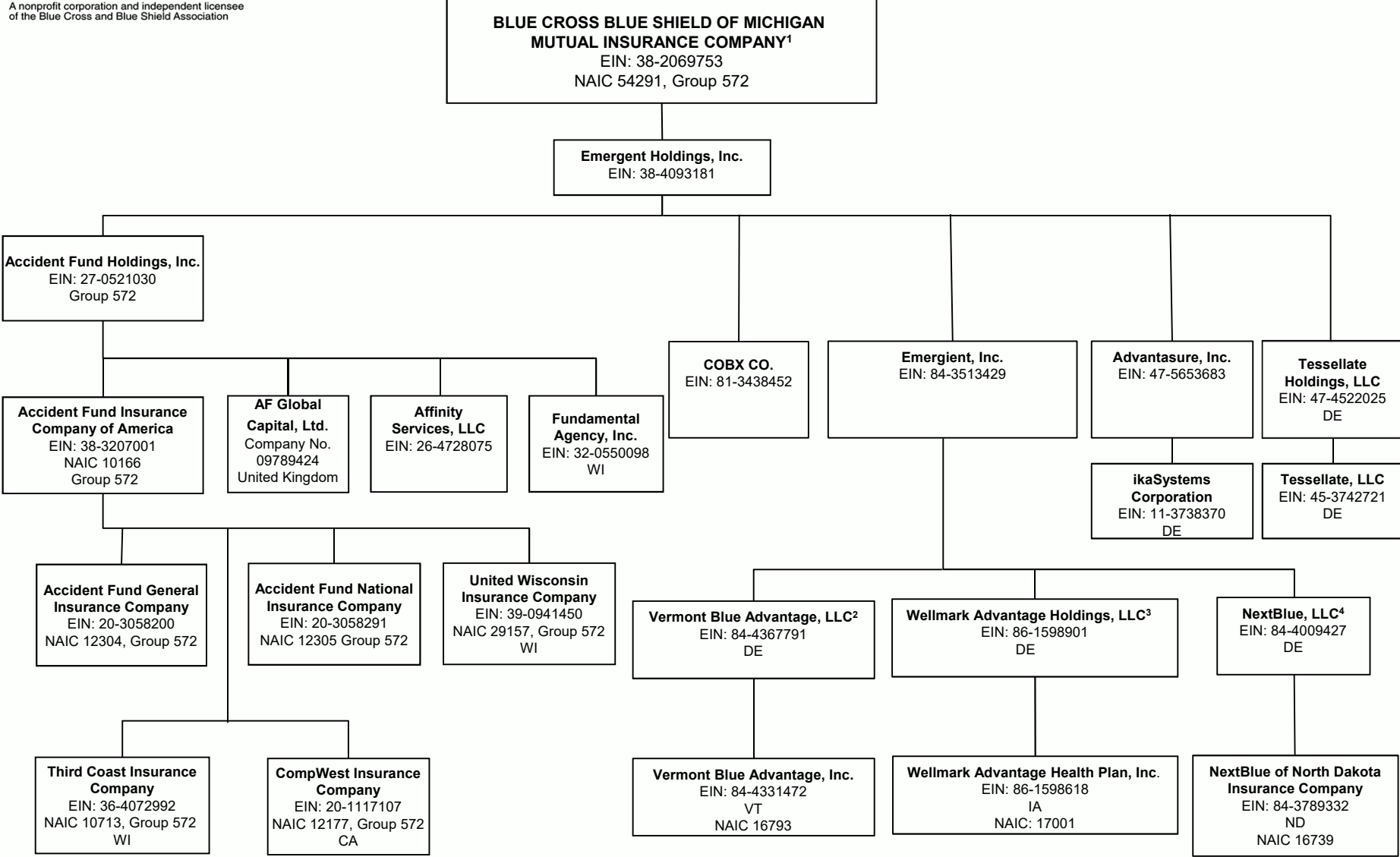
All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.



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STATEMENT AS OF JUNE 30, 2022 OF THE Blue Cross Complete of Michigan LLC  
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY

GROUP  
PART 1 – ORGANIZATION CHART



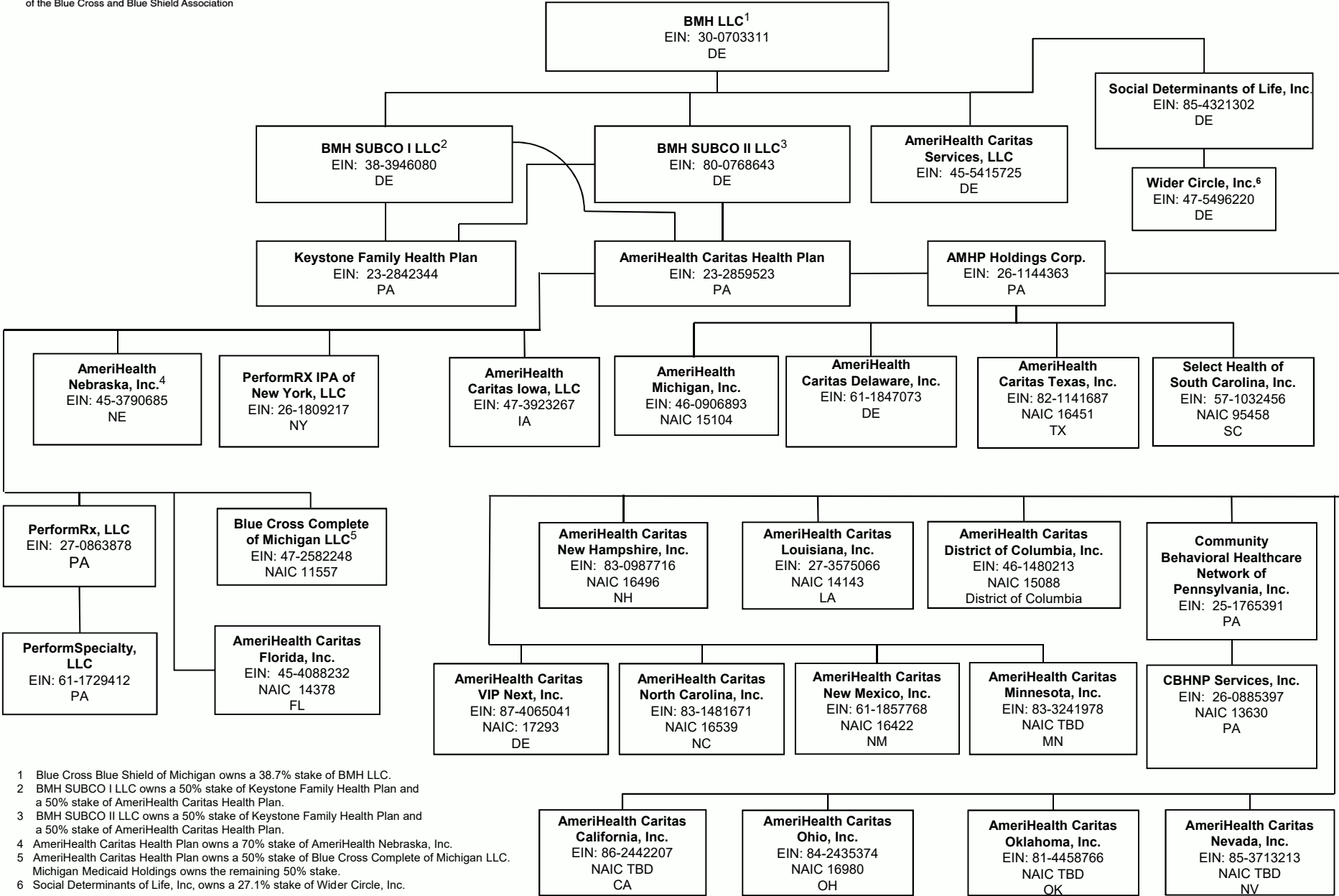
1 See page 1 for additional subsidiaries and affiliates.  
2 Emergent, Inc. owns a 51% stake in Vermont Blue Advantage LLC.  
3 Emergent, Inc. owns a 51% stake in Wellmark Advantage Holdings, LLC.  
4 Emergent, Inc. owns a 51% stake in NextBlue, LLC.

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STATEMENT AS OF JUNE 30, 2022 OF THE Blue Cross Complete of Michigan LLC  
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATION CHART



1 Blue Cross Blue Shield of Michigan owns a 38.7% stake of BMH LLC.  
2 BMH SUBCO I LLC owns a 50% stake of Keystone Family Health Plan and a 50% stake of AmeriHealth Caritas Health Plan.  
3 BMH SUBCO II LLC owns a 50% stake of Keystone Family Health Plan and a 50% stake of AmeriHealth Caritas Health Plan.  
4 AmeriHealth Caritas Health Plan owns a 70% stake of AmeriHealth Nebraska, Inc.  
5 AmeriHealth Caritas Health Plan owns a 50% stake of Blue Cross Complete of Michigan LLC. Michigan Medicaid Holdings owns the remaining 50% stake.  
6 Social Determinants of Life, Inc. owns a 27.1% stake of Wider Circle, Inc.

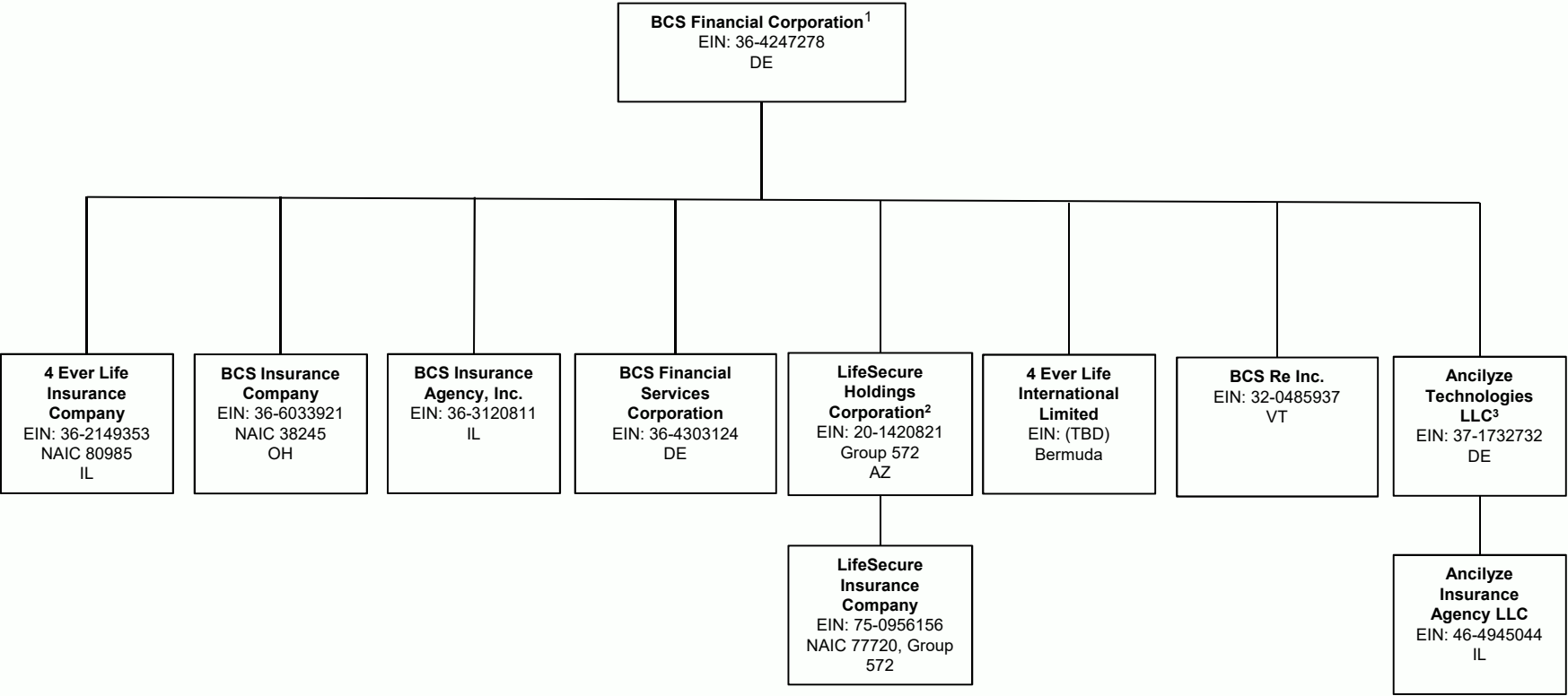
All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

**STATEMENT AS OF JUNE 30, 2022 OF THE Blue Cross Complete of Michigan LLC**  
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY**

**GROUP**  
**PART 1 – ORGANIZATION CHART**

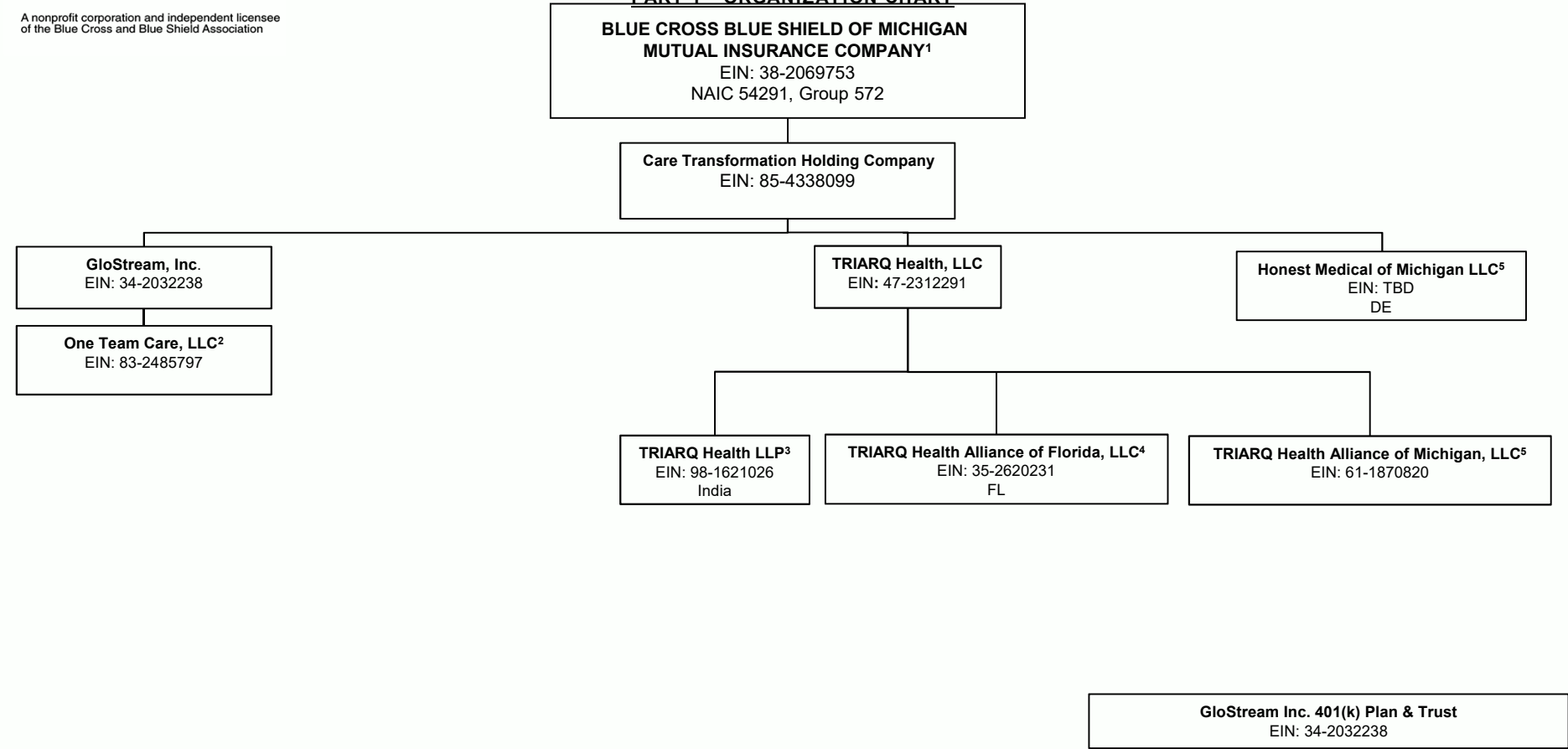


1 Blue Cross Blue Shield of Michigan owns 10.1% of BCS Financial Corporation Accident Fund Insurance Company of America owns 3.56% of BCS Financial Corporation.  
2 BCS Financial owns a 20% stake in LifeSecure Holdings Corporation with the remaining 80% owned by BCBSM.  
3 BCS Financial Corporation owns 50% of Ancilyze Technologies LLC.

All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan



STATEMENT AS OF JUNE 30, 2022 OF THE Blue Cross Complete of Michigan LLC  
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP  
**PART 1 – ORGANIZATION CHART**



1 See page 1 for additional subsidiaries and affiliates.  
2 GloStream Inc. owns a 50% stake in One Team Care, LLC.  
3 TRIARQ Health, LLC owns a 99.99% stake in TRIARQ Health LLP.  
4 TRIARQ Health, LLC owns a 90% stake in TRIARQ Health Alliance of Florida.  
5 TRIARQ Health, LLC owns a 68% stake in TRIARQ Health Alliance of Michigan.  
6 Care Transformation Holding Company owns a 19.9% stake in Honest Medical of Michigan LLC

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SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co.....	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	MI	RE	State of Michigan.....	Legal.....			NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	38-4093181				Emergent Holdings, Inc.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	YES	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	27-0521030				Accident Fund Holdings, Inc.....	MI	NIA	Emergent Holdings, Inc.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	AA-0000000				AF Global Capital, Ltd.....	GBR	NIA	Accident Fund Holdings, Inc.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	10166	38-3207001				Accident Fund Insurance Company of America.....	MI	IA	Accident Fund Holdings, Inc.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	26-4728075				Affinity Services, LLC.....	MI	NIA	Accident Fund Holdings, Inc.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	32-0550098				Fundamental Agency, Inc.....	WI	NIA	Accident Fund Holdings, Inc.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	29157	39-0941450				United Wisconsin Insurance Company.....	WI	IA	Accident Fund Insurance Company of America.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	12304	20-3058200				Accident Fund General Insurance Company.....	MI	IA	Accident Fund Insurance Company of America.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	12305	20-3058291				Accident Fund National Insurance Company.....	MI	IA	Accident Fund Insurance Company of America.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	10713	36-4072992				Third Coast Insurance Company.....	WI	IA	Accident Fund Insurance Company of America.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0

STATEMENT AS OF JUNE 30, 2022 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co.....	12177	20-1117107				CompWest Insurance Company.....	CA	IA	Accident Fund Insurance Company of America.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	20-1420821				LifeSecure Holdings Corporation.....	AZ	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP	80.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	YES	7
00572	BC/BS of Michigan Mutual Insurance Co.....	77720	75-0956156				LifeSecure Insurance Company.....	MI	IA	LifeSecure Holdings Corporation.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	7
00572	BC/BS of Michigan Mutual Insurance Co.....	95610	38-2359234				Blue Care Network of Michigan.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	38-2338506				Blue Cross and Blue Shield of Michigan Foundation.....	MI	NIA	Blue Care Network of Michigan.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	45-3854611				Michigan Medicaid Holdings Company.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	YES	0
00572	BC/BS of Michigan Mutual Insurance Co.....	11557	47-2582248				Blue Cross Complete of Michigan LLC.....	MI	IA	Michigan Medicaid Holdings Company.....	OWNERSHIP	50.0	BCBSM and Independence Health Group, Inc.....	NO	5
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	85-4338099				Care Transformation Holding Company.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000					Honest Medical of Michigan LLC.....	DE	NIA	Care Transformation Holding Company.....	OWNERSHIP	19.9	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	47-2312291				TRIARQ Health, LLC.....	MI	NIA	Care Transformation Holding Company.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	98-1621026				TRIARQ Health, LLP.....	IND	NIA	TRIARQ Health, LLC.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	14



STATEMENT AS OF JUNE 30, 2022 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co.	00000	35-2620231				TRIARQ Health Alliance of Florida, LLC	FL	NIA	TRIARQ Health, LLC	OWNERSHIP	90.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	15
00572	BC/BS of Michigan Mutual Insurance Co.	00000	61-1870820				TRIARQ Health Alliance of Michigan, LLC	MI	NIA	TRIARQ Health, LLC	OWNERSHIP	68.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	16
00572	BC/BS of Michigan Mutual Insurance Co.	00000	34-2032238				GloStream, Inc.	MI	NIA	Care Transformation Holding Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	83-2485797				One Team Care, LLC	MI	NIA	GloStream, Inc.	OWNERSHIP	50.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	17
00572	BC/BS of Michigan Mutual Insurance Co.	00000	34-2032238				GloStream Inc. 401(K) Plan & Trust	MI	OTH	Care Transformation Holding Company	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	15649	47-2221114				Woodward Straits Insurance Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	81-3438452				COBX Co.	MI	NIA	Emergent Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	47-5653683				Advantasure, Inc.	MI	NIA	Emergent Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	11-3738370				ikaSystems Corporation	DE	NIA	Advantasure, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	47-4522025				Tessellate Holdings, LLC	DE	NIA	Emergent Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	45-3742721				Tessellate, LLC	DE	NIA	Tessellate Holdings, LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-3513429				Covantage Health Partners, Inc.....	MI	NIA	Emergent Holdings, Inc.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-4009427				NextBlue, LLC.....	DE	NIA	Emergent, Inc.....	OWNERSHIP	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	16739	84-3789332				NextBlue of North Dakota Insurance Company.....	ND	IA	NextBlue, LLC.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-4367791				Vermont Blue Advantage, LLC.....	DE	NIA	Emergent, Inc.....	OWNERSHIP	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	16793	84-4331472				Vermont Blue Advantage, Inc.....	VT	IA	Vermont Blue Advantage, LLC.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	86-1598901				Wellmark Advantage Holdings, LLC.....	DE	NIA	Emergent, Inc.....	OWNERSHIP	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	17001	86-1598618				Wellmark Advantage Health Plan, Inc.....	IA	IA	Wellmark Advantage Holdings, Inc.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	58-1767730				NASCO Corporation.....	DE	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	YES	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-4115688				InnovateRX LLC.....	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP	10.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	83-1246927				Civica Outpatient Subsidiary, LLC.....	DE	NIA	InnovateRX LLC.....	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	85-3092159				Evio Pharmacy Solutions, LLC.....	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP	20.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0

STATEMENT AS OF JUNE 30, 2022 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co.	00000	87-4051658				Bricktown Capital, LLC	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	84-6869872				Blue Cross Blue Shield of Michigan Bargaining Unit Internal Health Benefit Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	10
00572	BC/BS of Michigan Mutual Insurance Co.	00000	84-6871980				Blue Cross Blue Shield of Michigan Non-Bargaining Unit Internal Health Benefit Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Managerment		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	10
00572	BC/BS of Michigan Mutual Insurance Co.	00000	81-6482696				Blue Cross Blue Shield of Michigan Long-Term Disability Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	11
00572	BC/BS of Michigan Mutual Insurance Co.	00000	30-1140600				Blue Cross Blue Shield of Michigan Employees' Retirement Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	12
00572	BC/BS of Michigan Mutual Insurance Co.	00000					Blue Cross Blue Shield of Michigan 401(K) Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00000	Independence Health Group, Inc / BCBSM	00000	30-0703311				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	38.7	BCBSM and Independence Health Group, Inc	NO	0
00000	Independence Health Group, Inc / BCBSM	00000	38-3946080				BMH SUBCO I LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC & BMH SUBCO II LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	3
00000	Independence Health Group, Inc / BCBSM	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan	OWNERSHIP	50.0	BCBSM and Independence Health Group, Inc	NO	5
00000	Independence Health Group, Inc / BCBSM	14378	45-4088232				AmeriHealth Caritas Florida, Inc	FL	IA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2

STATEMENT AS OF JUNE 30, 2022 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000	Independence Health Group, Inc / BCBSM	00000	47-3923267				AmeriHealth Caritas Iowa, LLC	IA	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc.	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	45-3790685				AmeriHealth Nebraska, Inc	NE	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	70.0	BCBSM and Independence Health Group, Inc. and Good Life Partners, Inc.	NO	4
00000	Independence Health Group, Inc / BCBSM	00000	26-1809217				Perform RX IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc.	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc.	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc.	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC & BMH SUBCO II LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc.	NO	3
00000	Independence Health Group, Inc / BCBSM	00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc.	NO	2
00000	Independence Health Group, Inc / BCBSM	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc	LA	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc.	NO	2
00000	Independence Health Group, Inc / BCBSM	95458	57-1032456				Select Health of South Carolina, Inc	SC	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc.	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc.	NO	2
00000	Independence Health Group, Inc / BCBSM	13630	26-0885397				CBHNP Services, Inc	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc.	NO	2
00000	Independence Health Group, Inc / BCBSM	15088	46-1482013				AmeriHealth District of Columbia, Inc	DC	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc.	NO	2
00000	Independence Health Group, Inc / BCBSM	15104	46-0906893				AmeriHealth Michigan, Inc	MI	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc.	NO	2
00000	Independence Health Group, Inc / BCBSM	16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc	NH	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc.	NO	2
00000	Independence Health Group, Inc / BCBSM	16980	84-2435374				AmeriHealth Caritas Ohio, Inc	OH	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc.	NO	2

STATEMENT AS OF JUNE 30, 2022 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000	Independence Health Group, Inc / BCBSM	16451	82-1141687				AmeriHealth Caritas Texas, Inc	TX	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16539	83-1481671				AmeriHealth Caritas North Carolina, Inc	NC	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16422	61-1857768				AmeriHealth Caritas New Mexico, Inc	NM	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	61-1847073				AmeriHealth Caritas Delaware, Inc	DE	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	83-3241978				AmeriHealth Caritas Minnesota, Inc	MN	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	86-2442207				AmeriHealth Caritas California, Inc	CA	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc	OK	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	85-3713213				AmeriHealth Caritas Nevada, Inc	NV	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	17293	87-4065041				AmeriHealth Caritas VIP Next, Inc	DE	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	85-4321302				Social Determinants of Life, Inc	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	47-5496220				Wider Circle Inc	DE	NIA	Social Determinants of Life, Inc	OWNERSHIP	27.1	BCBSM and Independence Health Group, Inc	NO	13
00000		00000	36-4247278				BCS Financial Corporation	DE	NIA	BCBSM and Accident Fund Insurance Company of America	OWNERSHIP	13.7	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00000		80985	36-2149353				4 Ever Life Insurance Company	IL	IA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	6
00000		38245	36-6033921				BCS Insurance Company	OH	IA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	6

## 16.7

## 16.7

## 16.7

## 16.7

## 16.7

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	.....NO.....
<b>AUGUST FILING</b>	
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	.....YES.....

Explanation:

Bar Code:

1.	
	1 1 5 5 7 2 0 2 2 3 6 5 0 0 0 0 2

OVERFLOW PAGE FOR WRITE-INS

MQ002 Additional Aggregate Lines for Page 02 Line 25.  
\*ASSETS

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
2504. Deposits.....	51,518	51,518	0	0
2597. Summary of remaining write-ins for Line 25 from Page 02	51,518	51,518	0	0

MQ004 Additional Aggregate Lines for Page 04 Line 14.  
\*REVEX1

	1	2	3	4
	Current Year To Date Uncovered	Current Year To Date Total	Prior Year To Date Total	Prior Year Ended December 31 Total
1404. PCMH Passthrough Expense.....		1,473,496	1,840,955	3,515,136
1497. Summary of remaining write-ins for Line 14 from Page 04	0	1,473,496	1,840,955	3,515,136



SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Current year change in encumbrances .....		.0
4. Total gain (loss) on disposals .....		.0
5. Deduct amounts received on disposals .....		.0
6. Total foreign exchange change in book/adjusted carrying value .....		.0
7. Deduct current year's other-than-temporary impairment recognized .....		.0
8. Deduct current year's depreciation .....		.0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	.0	.0
10. Deduct total nonadmitted amounts .....	.0	.0
11. Statement value at end of current period (Line 9 minus Line 10) .....	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase (decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		.0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	.0	.0
12. Total valuation allowance .....		.0
13. Subtotal (Line 11 plus Line 12) .....	.0	.0
14. Deduct total nonadmitted amounts .....	.0	.0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase (decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and depreciation .....		.0
9. Total foreign exchange change in book/adjusted carrying value .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	.0	.0
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	(1)	8,607,999
2. Cost of bonds and stocks acquired .....		.0
3. Accrual of discount .....		.0
4. Unrealized valuation increase (decrease) .....		.0
5. Total gain (loss) on disposals .....		.0
6. Deduct consideration for bonds and stocks disposed of .....		8,608,000
7. Deduct amortization of premium .....		.0
8. Total foreign exchange change in book/adjusted carrying value .....		.0
9. Deduct current year's other-than-temporary impairment recognized .....		.0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	(1)	(1)
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12) .....	(1)	(1)

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	75,877,536	369,136,693	380,764,263	126,285	75,877,536	64,376,251	0	84,261,427
2. NAIC 2 (a).....	0				0	0	0	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	75,877,536	369,136,693	380,764,263	126,285	75,877,536	64,376,251	0	84,261,427
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0				0	0	0	0
9. NAIC 2 .....	0				0	0	0	0
10. NAIC 3 .....	0				0	0	0	0
11. NAIC 4 .....	0				0	0	0	0
12. NAIC 5 .....	0				0	0	0	0
13. NAIC 6 .....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	75,877,536	369,136,693	380,764,263	126,285	75,877,536	64,376,251	0	84,261,427

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ .....64,376,251 ; NAIC 2 \$ ..... ;  
NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
7709999999 Totals	39,364,243	XXX	39,327,062		

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	25,303,163	70,063,799
2. Cost of short-term investments acquired .....	95,336,352	98,641,520
3. Accrual of discount .....	118,121	82,849
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals .....	(3,060)	1,407
6. Deduct consideration received on disposals .....	81,390,333	143,485,757
7. Deduct amortization of premium.....		655
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	39,364,243	25,303,163
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	39,364,243	25,303,163

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION  
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	59,966,755	149,990,703
2. Cost of cash equivalents acquired .....	608,428,514	1,511,796,499
3. Accrual of discount .....	48,044	41,602
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals.....	215	1,883
6. Deduct consideration received on disposals .....	616,324,923	1,601,863,932
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	52,118,605	59,966,755
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	52,118,605	59,966,755

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

Schedule D - Part 3

**NONE**

Schedule D - Part 4

**NONE**

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

**STATEMENT AS OF JUNE 30, 2022 OF THE Blue Cross Complete of Michigan LLC**

## SCHEDULE E - PART 1 - CASH

[illegible]



## SCHEDULE E - PART 2 - CASH EQUIVALENTS

E14